

SHREWSBURY PUBLIC SCHOOLS

BUS TRANSPORTATION REFUND REQUEST FORM

Today's Date: _____

Student Name: _____

Student ID #: _____

Reason for refund request:

Person requesting refund: _____

Relationship to student: _____

Person's name you would like us to make check payable to: _____

Address to mail check to:

Contact person's telephone number: _____

Signature: _____

Please allow up to 3 weeks for processing of your refund. Late fees will not be refunded.

TRANSPORTATION PROCEDURES AND REGULATIONS - Payments are non-refundable unless requests for refunds are made and received *PRIOR* to the first day of the new school year with a \$25 processing fee. **PLEASE NOTE:** No refund requests will be accepted after August 26, 2013 and mailed requests must have a postmark of August 26, 2013.

Request Received in Central Office: _____ Processed for payment: _____

Power School Updated: _____